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Ilamond Salen

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APPLICATION NO.		FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT		(Date)  DATE MAILED
	08/942,347	10/01/97	035	ELISCA,	F	2785	02/25/00
First Name Applicant			35	USC 154(b	) term ext. =	0 Days	 D n

TITLE OF INVENTION SYSTEM FOR DISPLAYING SYSTEM STATUS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
2 MNFRAME.04	4A 714-031.	000 IE	55 UTIL	_ITY NO	\$1210.0	05/25/00	
<ol> <li>Change of correspondence address Use of PTO form(s) and Customer N</li> <li>Change of correspondence address PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee</li> </ol>	lumber are recommended, but	(1) the name attorneys or the name of member a rand the name attorneys or	for printing on the patent front page, list the names of up to 3 registered patent rneys or agents OR, alternatively, (2) name of a single firm (having as a nber a registered attorney or agent) the names of up to 2 registered patent rneys or agents. If no name is listed, no se will be printed.  KNOBE, MARIENS,  OLSON & BFAR, LIP  2				
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(B) RESIDENCE: (CITY & STATE CONTROL NAME)  Please check the appropriate assign	R COUNTRY)		4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER 11–1410  (ENCLOSE AN EXTRA COPY OF THIS FORM)  X Issue Fee X Advance Order - # of Copies 10				
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